

(1) PLACE OF BIRTH

County of Newberry

Township of

Inc. Town of

City of Newberry

(If birth occurs in a hospital or other institution give name of same instead of street and number)

(2) Full Name of Child Elizabeth Conner3. BOY OR GIRL Girl

4. Twin or Triplet

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married yes7. DATE OF BIRTH Feb. 18, 1925
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Will Conner9. PRESENT POSTOFFICE OF FATHER Newberry S.C.10. COLOR OR RACE Black11. AGE AT LAST BIRTHDAY 2512. BIRTHPLACE Newberry S.C.13. OCCUPATION Sanitor in Store14. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Lucy Anderson15. PRESENT POSTOFFICE OF MOTHER Newberry S.C.16. COLOR OR RACE Black17. AGE AT LAST BIRTHDAY 2218. BIRTHPLACE Newberry S.C.19. OCCUPATION Laundress20. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 N.A.M. on the date above stated. (Born alive or stillborn Hour A.M. or P.M.)(23) (Signature) Caroline H. Garrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry S.C.

(Give name added from a supplemental report)

L.H.R.affid. 8/30/43Registrar(26) Witness B.B. Cunningham

(Signature of witness necessary only when question 23 is signed in blank)

(27) Date Feb 26 1925 (28) B.B. Cunningham Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the fifth month of pregnancy.